HEALTH CARE ADVISORY BOARD

Meeting Summary
February 10, 2014

MEMBERS PRESENT
Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Dr. Michael Trahos, DO
Dr. Tim Yarboro
Ann Zuvekas
Ellyn Crawford
Rosanne Rodilosso

STAFF
Sherryn Craig

GUESTS
Michael Forehand, Inova Health System
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Arsenio DeGuzman, Health Department
Robin Mullet, Health Department
Brenda Gardiner, Department of Administration for Human Services (DAHS)
Irina Reus, Marymount University Nursing Student
Susan Ling, Marymount University Nursing Student
Kristen Adams, Marymount University Nursing Student

Call to Order
The meeting was called to order by Marlene Blum at 7:39 p.m.

January Meeting Summary
The minutes were approved as submitted.

Inova Capital Improvement Plan Follow Up
Michael Forehand, Director, Advocacy and Community Outreach, provided answers to questions asked by HCAB members during January's FY 2014 Capital Improvement Plan presentation. The Lorton HealthPlex's FY 2013 patient volumes were one-third below plan. Mr. Forehand stated that the facility's estimated volumes were based on a less competitive market. However, since opening the HealthPlex, Sentara and other urgent care centers have entered the marketplace. January 2014 volumes for the HealthPlex are on plan.

While much of Inova's new construction is based on code requirements and best practices, Mr. Forehand said that the lifespan of new buildings is a minimum of 30 years. Mr. Forehand stated that shelled space is incorporated in most, if not all of

Inova's new designs to allow for future build outs, but will follow back up on the shelled space percentage.

Update on the Health Care Collaborative

Brenda Gardiner, Policy and Information Manager, Department of Administration for Human Services (DAHS), provided a brief update on the Health Care Collaborative (HCC). About a year ago, Ms. Gardiner appeared before the HCAB to discuss the Health Care Reform Task Force (HCRT), the County's role in direct care service delivery and its works with other community safety net service providers. The Task Force, now renamed the Health Care Collaborative, developed an action plan for integrating County health services and financing strategies for safety net services for oral, primary, behavioral and specialty care. Since that time, the HCC has struggled with two decision points: governance structure and service integration.

On December 30, 2013, the County hired Health Management Associates. They will be working with the Collaborative for the next five months. Health Management Associates has experience in creating governance structures, multi-disciplinary integration of health care delivery services, building public/private coalitions, health financing, and developing integrated care delivery models, specifically for health safety net services.

Health Management Associates is engaging in a series of meetings, conducting community interviews, and re-surveying the region's safety net providers, including Inova, Reston Hospital, the FQHCs and free clinics. Recommendations for adopting a governance structure will be reported out in May.

In response to a question, Ms. Gardiner agreed that the report is only the first stage of the work that needed to be done and that implementation would have to be a major focus. With respect to negotiating the implementation of proposed recommendations, Ms. Gardiner said that depending on what model is selected (e.g., collaborative, continuum, shared risk, etc.), an add-on to Health Management Associate's contract may need to be considered.

Update on CHCN Advisory Committee (CAC)

Rose Chu provided an update on the January CAC meeting. Molina Healthcare, the contractor for CHCN, has implemented electronic health records (EHRs) for both its providers and patients. Ms. Chu said that patients can now get their prescriptions refilled online and request an appointment.

Molina has also begun using telemedicine to increase patients' access to certain specialists. Ms. Chu reported that a few of CHCN's volunteer specialists will only come to one of the three clinics, but using telemedicine, patients at the other two clinics can access specialty care. Molina operates in 11 states, but Fairfax represents the company's first experience using telemedicine. Inova Health System has also implemented this technology in some of its clinics. With respect to what specialties

CHCN is using this technology, Robin Mullet replied that pulmonary and nephrology are two areas where telemedicine is being used and there have been some discussions with the University of Virginia to incorporate dermatology, but for now, no arrangement is in place.

Changes in the healthcare landscape have led the County to dedicate staff time to enrolling people, where appropriate, into the marketplace. Because of CHCN eligibility requirements and Health Care Reform, some clients currently enrolled in CHCN are now eligible for the marketplace. Staff people have been assigned to the clinics to work with these patients and get them enrolled.

Ms. Chu reminded the HCAB that eligibility for CHCN enrollment is 200% FPL. However, under Health Care Reform, those who have incomes up to 400% of poverty are eligible for subsidies to reduce premium costs. People with incomes up to 250% of poverty are also eligible for reduced cost sharing (e.g., coverage with lower deductibles and copayments). Patients who are currently enrolled in CHCN may be able to move into the marketplace.

Two certification specialists are now deployed to each of the three centers, and they are helping to enroll clients in the marketplace. The deadline to apply for subsidies ends in March. After March 31, clients will be unable to enroll for a plan unless they have a life changing event or until open enrollment begins.

Ms. Mullet explained that patients are being screened for eligibility. Clients who are below 100% FPL and/or do not have legal presence are ineligible for the marketplace and will either be added to the CHCN wait list or enrolled. Clients who are 100%-200% FPL and have legal presence will be encouraged to apply to the marketplace by March 31.

According to Ms. Mullet, CHCN clients will need to show documentation that they were unable to obtain eligibility through the marketplace. Ms. Mullet said that CHCN will still continue to care for clients who are eligible for the marketplace but have missed the March 31 deadline, but a renewed effort will be made during open enrollment to transition them to the marketplace.

Ms. Chu shared her experience as a certified enrollment counselor; she has successfully enrolled people in the marketplace. Many of their deductibles have been less than $500 a year. Anthem/Care First, Kaiser, and Innovation Aetna were included in the Northern Virginia marketplace. Given the affordability of some premiums, clients are also looking to add dental insurance. Ms. Chu noted that individuals who are eligible for the marketplace will be penalized if they fail to sign up. In 2014, the penalty is 1% of income, and is set to double by 2015.

Mike Forehand was not familiar with all of the plans included in the marketplace, and said he would follow up at the next meeting. While Inova does not currently have a contractual relationship with Kaiser, Mr. Forehand said he thought Inova would accept other plans in the marketplace.

Exactly how many people will leave CHCN for the marketplace is still unknown as enrollment is ongoing.

Ms. Mullet updated the HCAB on CHCN's waiting list for services: South County's waiting list is gone; North County's will be gone in a week; and Bailey's has decreased from 10 months to seven. About 200 letters a week are being sent out inviting wait listed clients to enroll in CHCN.

Arsenio DeGuzman said that CHCN is planning to survey a sample of clients who were identified as marketplace-eligible between fall 2013 and now. The questionnaire will be developed in-house and focus on whether they were able to enroll in a plan, find a doctor, make an appointment, and access care.

The Health Care Reform Task Force recommended that no changes be made to CHCN through 2014. Results from the survey will be used to inform the County's process moving forward, specifically whether CHCN needs to change/expand its provider status and/or insurance networks.

Given that CHCN's waiting lists are shrinking, a question was asked about redirecting resources from one center to another. Mr. DeGuzman said that they are working with Molina Healthcare, but many of the resources needed to increase patient throughput are fixed. Given space limitations, it would be difficult to bring in additional providers to see more patients.

HHS will be looking at network adequacy: For 2014, 20% of providers must be under contract, but by 2015, the percentage may increase to 30%. There is also concern about specialty providers (e.g., children's hospitals) being excluded from some networks and certain drugs from prescription formularies. Network adequacy is especially important in rural areas.

CHCN does serve as a training site for some students, most notably George Mason University's Nurse Practitioners' program. However, space and productivity concerns limit the expansion to other training and fellowship programs.

There was concern about the availability of primary care physicians in the marketplace. Ms. Blum agreed and underscored the importance of collecting data on CHCN's patients, but cautioned about the HCAB's ability to incentivize medical schools and physician specialties.

CHCN Update on Access to Specialty Care

Dr. Gloria, Rosalyn Foroobar, Arsenio DeGuzman, Robin Mullet, Dr. Glossa, Dr. Eapen, Karen Berube, and Dr. Flint met on January 7 on the development of a sustainable network to provide access to local specialty care. They have looked at what has and hasn't worked over the last 15 years. Grassroots recruitment of specialty physicians has not been sustainable and allocating stipends has also caused concern. Regional distribution issues, where some providers will only work with certain safety net providers or specialty practices have been consolidated or bought out have also posed access problems. The group discussed the possibility of tax incentives for physician consultants, and Dr. Flint has agreed to contact Secretary Hazel to initiate legislation for the 2015 General Assembly.

The group agreed that although the community has bought in to the idea of specialty care access, it is imperative that physicians in the community direct the initiative. A physician advisory engagement group is being formed and there is a meeting later this week to identify community champions.

Mr. DeGuzman also shared Dr. Flint's concern regarding regional and system-level data to assess specialty care deficits. CHCN has been able to look at local survey data regarding specialty care. Gastroenterology, ophthalmology, orthopedics, and cardiology are the region's subspecialties in greatest demand. Urology and optometry are subspecialties in demand for Fairfax County.

In order to foster a successful initiative, Mr. DeGuzman said that participation on the advisory group will be limited to 10-15 people and the focus will be on one subspecialty – cardiology. Additionally, the workgroup will continue to look at other jurisdictions and what programs/policies have been successful in increasing access to specialty care.

Other Business

The County Executive's FY 2015 Advertised Budget will be released on Tuesday, February 25. The HCAB will convene as a Committee of the Whole on Wednesday, March 5 to begin its work on the budget and make its recommendations on Monday, March 10. The Human Services Council will host two roundtables to solicit feedback from other Boards, Authorities, and Commissions (BACs). Ms. Blum is scheduled to present the HCAB's recommendations on Tuesday, March 11.

There being no further business, the meeting adjourned at 8:55 pm.